

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF ALCOHOLIC BEVERAGE CONTROL  
140 EAST FRONT STREET, P.O. BOX 087  
TRENTON, NJ 08625-0087

**APPLICATION FOR MERCHANDISING SHOW PERMIT [MS]**

The fee for this permit is **\$75.00** per day for New Jersey licensees and **\$100.00** per day for any wholesaler or manufacturer who is **not** licensed in the State of New Jersey. Fee must be made payable in the form of a check or money order drawn to the Division of Alcoholic Beverage Control.

1. Name of Company \_\_\_\_\_
2. Address of Company \_\_\_\_\_  
\_\_\_\_\_
3. 12-Digit License No. (if NJ licensee) \_\_\_\_\_
4. T.T.B. Permit No. (if not licensed in NJ) \_\_\_\_\_
5. Name of Event \_\_\_\_\_
6. Location where event will be held \_\_\_\_\_  
\_\_\_\_\_
7. Date(s) of Event \_\_\_\_\_
8. Time(s) of Event \_\_\_\_\_

Permittee requests to sample or display alcoholic beverages at a bona fide alcoholic beverage industry related event designated as a Merchandising Show by the Director of the Division of Alcoholic Beverage Control.

All products to be sampled must be brand registered in the State of New Jersey. You must attach a list of the participating wholesalers and any wholesaler or manufacturer, who is not licensed in the State of New Jersey, who will be participating in this event. The fee for each participating New Jersey licensee is \$75.00 and \$100 for all wholesalers and manufacturers not licensed in the State.

This permit, or a copy thereof, must be conspicuously displayed in each booth occupied by the permittee.

**NOTE:** If the permittee is not licensed in New Jersey, the New Jersey alcoholic beverage tax has to be paid on those products to be sampled or displayed; except when such products have been procured from tax-paid inventory of a New Jersey licensed wholesaler and identified with a New Jersey Brand Registration number. If applicable taxes are owed, you should contact the New Jersey Division of Taxation at (609) 984-4121.

Name/Title of Authorized Signator \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_